PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

P00911-45

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TYPE OR SMALL E				
TOTAL CLAIMS			29					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA]	BASIC FEE	375.00	OR	BASIC FEE	750.00
TC	TAL CHARGEA	BLE CLAIMS	# /minus 20=		. 9			X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS			. <i>4</i> 4. mi	nus 3 =	*			X42=		OR	X84=	gr/
MU	JETIPLE DEPEN	IDENT CLAIM P	RESENT	a				+140=		OR	+280=	01
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	99b
06	,30 OS C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2)			(Column 3)). ·	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	** 2	9	=0		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	4	10		X42=		OR	X84=	12
	MINO, FRESE	NIATION OF MIC	JEI IPEE DEI	ENDENT	CLAIM	<u> </u>	J	+140=	·	OR	+280=	
		•			•	-	٠	TOTAL		OB I	TOTAL	0
		(Column 1)		(Colun	nn 2)	(Còlumn 3		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
300	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM			+140=		OR	+280=	
				·				TOTAL ADDIT, FEE		OR	TOTAL ADDIT: FEE	
. () 3. ()		(Column 1)	14 - 1 (4.91 - 1 (4.95) - 3 (4.41)	(Colum		(Column 3		ADDIT TEE				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE.	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	**		=	11	X\$ 9=	FEE		X\$18=	FEE
	Independent	*	Minus	***		=	1			OR		
۷	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM]	X42=		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	: :
- ** - ***	f the "Highest Nur If the "Highest Nur	nber Previously Pa mber Previously Pa her Previously Pain	id For IN THIS id For IN THIS	S SPACE is S SPACE is	less than less than	n 20, enter "20 n 3, enter "3.")." /	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT FEE	